Health Department
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All ROs /LCBs /DOs / BOs / MOs

HO/ Health/ UW/ 20/ 2020-21

20/11/2020

Re: Processing of Covid-19 Claims

Reference is invited to our circular HO/Health/CIR/10/2020-21 dated 17/07/2020 advising on the procedure to be followed in processing of claims towards ‘Non-Medical Expenditure’ related to Covid-19 and Non Covid-19 treatments, Diagnostic Tests incidental to these treatments and Home Care Treatment; and to our email dated 16/10/2020 extending the validity of this circular up to 16/01/2021.

Further, we have been receiving grievances from Insured customers and intermediaries that claims are settled for lesser amounts and are not in accordance with the policy terms and conditions. Some of the ROs and LCBs have also brought the issue to our attention. The matter has been examined in detail and the following guidelines are issued:

A. For Hospitalization In States where State Government Rates are Applicable:

1. Cashless claims shall be approved by the TPA as per government rates.
2. Where governments have not specified what is included in the per diem rates, the TPAs may follow the inclusions as specified in the GI Council guidelines.
3. Wherever hospitals do not adhere to the government rates and the Insured seeks payment of claims as per the policy terms and conditions, the following process is to be followed:
   a. The TPA shall approve the government notified rates for cashless treatment and advise the Insured to come for reimbursement of balance amount for possible settlement as per policy terms and conditions.
   b. Before filing for a reimbursement, the Insured shall write to the State Health Authority informing that the hospital has charged in excess of the government rates and request them to instruct the hospital to refund the excess charged.
   c. The Insured should seek the refund through an email addressed to the State Health Authority and the servicing TPA. The TPA shall share the email IDs to the insured.
d. Where the Insured cannot correspond through email, he may send a letter by registered / speed post or courier to the State Health Authority. The TPA shall share the Postal addresses to the Insured. Copies of the letter along with the Proof of Deliveries should be submitted to the TPA.

e. Besides a copy of the request for refund addressed to the State Government Authorities, the Insured should also submit a letter of undertaking in a prescribed form (Annexure A) that he / she shall refund to the Insurer the amount received by him / her from the hospital towards the amount charged in excess of the government notified rate.

f. The letter of undertaking can be waived from the insured members of a group policy if the administrator of the group policy provides a single undertaking (Annexure B) on behalf of all the insured members that the policy holder undertakes to refund on behalf of the insured member if such refund is received by insured member from the hospital.

4. For reimbursement claims, the TPA shall obtain the said two documents as specified in para 3 from the insured and process the claim as per policy terms and conditions.

B. For Hospitalisation In States Where State Government Rates Are Not Applicable:

1. Both the cashless and reimbursement claims shall be settled as per the terms and conditions of the policy.

2. Wherever, there is an ambiguity as to whether a particular state government’s order is applicable or not the Nodal RO shall specifically inform in writing to the TPAs, other ROs and LCBs located in the state confirming whether the order is applicable for insured persons or not; under copy to HO. The RO located in the state capital is the Nodal RO. Where there are more than one RO in a state capital, the RO I shall act as the Nodal RO.

3. Wherever, cashless claims are being processed as per the policy terms, the TPA shall endeavor to negotiate with the hospital for rates as recommended by GI Council. Only after exploring this possibility and the hospital not agreeing for the same shall the TPA process the claim as per the policy terms. Such claims shall be limited to the agreed Schedule of Charges (SOC). The ROs through their health audits shall ensure that the TPAs are following this instruction scrupulously.

4. Wherever, reimbursement claims from a Network Hospital are being processed as per the policy terms and conditions, the claims shall be limited to the agreed Schedule of Charges (SOC).

5. Reimbursement claims from a Non Network Hospital shall be processed as per the agreed SOC of a similar hospital in the same city. The agreed SOC shall be deemed to be the Reasonable and Customary charges.
C. Common Guidelines Applicable for all Claims

1. The clarifications given vide Circular HO/Health/CIR/10/2020-21 dated 17/07/2020 shall continue to apply till its validity. However, where insureds have purchased separate limits for Non-Medical Expenses like PPEs, etc., claims shall be processed up to such limits without restricting to limits prescribed under the referred circular.

2. The above guidelines shall apply prospectively for cashless claims and for outstanding reimbursement claims.

The TPAs are being notified by HO directly. The ROs / OOs may also bring this to the notice of the TPAs at the local level for effective implementation.

Y K Shimray
General Manager

Enclosures:

1. Annexure I - Undertaking by an individual insured member
2. Annexure II - Undertaking by an administrator of a group policy
To

The Branch/ Divisional Manager,
BO/DO, United India Insurance Co. Ltd.
(Servicing Office Address)

Subject: LETTER OF UNDERTAKING

Claim no.________ under Policy No.___________

Date of Hospitalisation:

Madam/ Sir,

It is to state:

1. That I understand that the _______________state government vide its circular no____________ has capped the treatment cost of Covid 19.
2. That _________ (Name of The Insured person) insured under above-mentioned policy was admitted to _______________hospital for treatment of Covid-19 on _________________.
3. That on discharge from hospital on __________, a Discharge Bill no ___________ dated__________ towards cost of treatment of Covid-19 for Rs._______ was presented to the undersigned for payment.
4. That the amount charged was in excess of the state government circular as mentioned above.
5. That I paid Rs.___________ in excess to the hospital.
6. That after discharge, the undersigned informed the State Health Authority that said hospital has overcharged and have requested them to direct the hospital to refund the overbilled amount.
7. That The Undersigned is hopeful that after the state government’s intervention, the hospital shall refund the overbilled amount.
8. That The Undersigned agrees that any such refund of the overbilled amount collected or received from any service providers, authorities or any person or persons, shall be the property of United India Insurance Co. Ltd. (hereinafter mentioned as ‘the Company’) to the extent of the difference between the claim amount paid by the Company to me and the Covid 19 treatment cost as capped by the Government as mentioned in para 1 above and I shall pay this refunded amount to the Company immediately and not later than seven days from the date of receipt of the refund.

Signature of the Policyholder

Name:

Address:

Date:

Place:
To

The Branch/ Divisional Manager,
BO/DO, United India Insurance Co. Ltd.
(Servicing Office Address)

Subject: LETTER OF UNDERTAKING

Claim no.________ under Policy No.____________

Madam/ Sir,

It is to state:

1. We have purchased a Group Health Policy from United India Insurance covering our employees and their dependents for the period from ________ to ___________.
2. We understand that many of the state governments have capped the treatment cost of Covid-19.
3. Many of our covered members are undergoing/ have undergone treatment for Covid-19. In some of the cases the Hospitals are charging in excess of the state government notified rates.
4. In all such cases, the insured persons are informing the State Health Authorities about the excess billing by the hospital and are seeking refund of the amount collected in excess.
5. We are hopeful that after the state government’s intervention, the hospital shall refund the overbilled amount to the insured persons.
6. We agree that any such refund of the overbilled amount so received by our employees or their dependents shall be arranged to be remitted to United India Insurance Co. Ltd. (hereinafter mentioned as ‘the Company’) to the extent of the difference between the claim amount paid by the Company and the Covid-19 treatment cost as notified by the Government.
7. We shall arrange for this refunded amount to the Company immediately and not later than seven days from the date of receipt of the refund to insured person.

Signature

Name of the Official

Designation

Date:

Place: